

Application for Reimbursement of Conveyance Allowance

Date: _____

To,

The [Head of Department/Officer Name],

[Department Name],

[Organization Name]

Subject: Application for Reimbursement of Conveyance Allowance

Respected Sir/Madam,

I hereby submit my application for the reimbursement of conveyance allowance for the month of _____ 20_____. Below are the details of my conveyance expenses as per prescribed norms.

Employee Details

Name

Employee Code

Designation

Department

Conveyance Claim Details

| Date | From | To | Purpose | Mode of Transport | Distance (km) | Amount Claimed (â‚¹) |
|------|------|----|---------|-------------------|---------------|----------------------|
| | | | | | | Total |

I hereby certify that the above information is true and the expenses claimed have been actually incurred by me for official duties and not claimed elsewhere. Kindly approve the reimbursement at the earliest.

Signature of the Applicant

Important Notes:

- Attach supporting documents (tickets, receipts, etc.) for all claims.
- Ensure details match your official travel orders (if applicable).
- Incomplete forms or missing documents may delay reimbursement.
- Claims must be submitted within the prescribed time limit of your organization.
- False claims may attract disciplinary action.